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APPLICANTS

Jo-Ann Landry, Jacksonville, FL;

** CONTINUING DATA ***** *YPS* *m*

This application is a DIV of 10/176,083 06/21/2002 PAT 6,681,422

** FOREIGN APPLICATIONS ***** *NOIP* *AL*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 10	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>AL</i>				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

Richard C. Litman
 Crystal City Station
 P.O. Box 15035
 Arlington, VA
 22215-0035

TITLE

Crib safety sheet/blanket

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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